LOUISIANA ARTHRITIS & RHEUMATOLOGY
Get the personal attention you deserve.

DR. KYLA LOKITZ
8508 Line Avenue, Suite C
Shreveport, LA 71106
Phone: 318.219.7704
Fax: 318.219.7752

Rheumatology Referral

Referring Physician: _____ Date: _____

Office Phone: _____ Fax: _____

Patient Name: _____ D.O.B._____

Patient Home Phone: _____ Cell Phone: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Primary Insurance: _____ Secondary Insurance: _____
(Our office accepts most insurances; however, we do not accept Medicaid)

Reason for REFERRAL: _____
_____
_____
_____

Person Faxing: _____ Total # of pages sent: _____

To schedule a patient at our clinic we ask you to please fax the following to **318-219-7752**:

- Referral form
- Copy of their insurance card(s)
- Reason for consult
- Copy of any relevant X-ray, CT, and/or MRI report, Bone Density Report (tables and graphs), Laboratory data
- Patient's demographic information
- Current Clinical notes

Patients will be contacted by our office to schedule their initial consultation. We look forward to working with you and providing the best care for your patients.